



FILED

Dec 20, 2023, 11:51 am

OFFICE OF FAIR HEARINGS

**STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION
OFFICE OF FAIR HEARINGS**

[REDACTED],

PETITIONER,

AHCA Case No.: 23-FH2250

Plan ID No.: [REDACTED]

vs.

SUNSHINE STATE HEALTH PLAN, INC.,

RESPONDENT.

_____ /

FINAL ORDER

Pursuant to notice, the Office of Fair Hearings convened a telephonic Medicaid Fair Hearing in the above styled case on October 20, 2023, at 1:00 p.m. Eastern Standard Time ("EST").

APPEARANCES

For the Petitioner:

[REDACTED]

Petitioner's Authorized Representative

For the Respondent:

Chantal Pierre
Clinical Appeals Coordinator
Sunshine State Health Plan, Inc.

STATEMENT OF ISSUE

The issue is whether Petitioner proved by a preponderance of the evidence that Respondent's decision to deny Petitioner's request for thirty-two (32) hours per week of personal care services was incorrect.

PRELIMINARY STATEMENT

All parties appeared telephonically. [REDACTED]. (“Petitioner”) appeared for the hearing but did not testify. [REDACTED] (“[REDACTED]”), Petitioner’s adult [REDACTED], appeared as a witness for Petitioner.

Chantal Pierre, Clinical Appeals Coordinator for Sunshine State Health Plan, Inc. (“Sunshine Health”), appeared on behalf of Respondent. The following employees of Sunshine Health provided testimony on behalf of the Respondent: Dr. John Carter (“Dr. Carter”), Medical Director of Long Term Care (“LTC”) for Sunshine Health; Dr. Julie Shamma (“Dr. Shamma”), Medical Director for Sunshine Health; and Marsha Prosper-Charles (“Ms. Prosper-Charles”), LTC Care Coordinator. The following employees of Sunshine Health attended as witnesses but did not testify at the Fair Hearing: Vanessa Evans, LTC Supervisor, and Andrea Hoffman, LTC Coordinator II.

Doris Rivera, Medical Healthcare Program Analyst for the Agency for Health Care Administration (“Agency” or “AHCA”), appeared as an observer.

Prior to the Fair Hearing, Petitioner sent to the Office of Fair Hearings and Respondent a twenty-six (26)-page evidence packet. The twenty-six (26)-page packet appears in the Office of Fair Hearings’ document management system as the file titled “23-FH2250 Supporting Documents.pdf”. Absent an objection from Respondent, the undersigned admitted the twenty-six (26)-page evidence packet as Petitioner’s Composite Exhibit 1 (“PCE 1”).

Prior to the Fair Hearing, Respondent sent to the Office of Fair Hearings and Petitioner a one hundred and thirty-five (135)-page evidence packet. The one hundred and thirty-five (135)-page packet appears in the Office of Fair Hearings’ document management system as the file titled “MFH Packet [Petitioner’s Last Name].pdf.” Absent an objection from Petitioner, the

undersigned admitted the one hundred and thirty-five (135)-page evidence packet into evidence as Respondent’s Composite Exhibit 1 (“RCE 1”).

FINDINGS OF FACT

1. Petitioner is an enrolled member of Sunshine Health LTC line of business. See RCE 1 at page 2. Sunshine Health is a managed care organization contracted by the Agency to provide services to eligible Medicaid recipients in Florida.

2. As of the date of the Fair Hearing, Petitioner is [REDACTED]. *Id.* at 29. [REDACTED] lives alone in a private residence. *Id.* Petitioner has [REDACTED]
[REDACTED]
[REDACTED]. *Id.* at 69 – 70.

3. The most recent Florida Department of Elder Affairs 701B Comprehensive Assessment (“701B Assessment”) for Petitioner was completed on August 18, 2023. *Id.* at 64. According to the 701B Assessment, no one besides the Petitioner provided answers to the questions on the 701B Assessment. However, Ms. Prosper-Charles, the case manager who conducted the 701B Assessment, clarified that [REDACTED] was present for the 701B Assessment and assisted Petitioner with answering the questions. [REDACTED] confirmed that [REDACTED] did translate the answers from Spanish to English for the 701B Assessment.

4. According to the 701B Assessment, Petitioner needs the following assistance with [REDACTED] Activities of Daily Living (“ADLs”): needs assistance (but not total help) with [REDACTED] and [REDACTED]; uses an assistive device with [REDACTED], [REDACTED], and [REDACTED]; and needs no assistance with [REDACTED]. *Id.* at 67. Petitioner always has assistance with all of [REDACTED] ADLs. *Id.*

5. According to the 701B Assessment, Petitioner needs the following assistance with [REDACTED] Instrumental Activities of Daily Living (“IADLs”): needs total assistance (cannot do at all) with [REDACTED] and [REDACTED]; needs assistance (but not total help) with [REDACTED], [REDACTED], [REDACTED], and [REDACTED]; and uses an assistive device with [REDACTED] and [REDACTED]. *Id.* at 68. Petitioner always has assistance with all of [REDACTED] IADLs. *Id.*

6. The notes and summary of the 701B Assessment observe:

Member resides [REDACTED].

Member appears to be [REDACTED].

Member receives 7 meals weekly, 5 hmk weekly, and 5 PCA weekly

RCE 1 at 64 - 65, 67.

7. Petitioner requested an additional thirty-two (32) hours per week of personal care services. *Id.* at 4. In the Notice of Adverse Benefit Determination (“NABD”), Respondent denied Petitioner’s request as of May 3, 2023. *Id.* at 4 – 12. The NABD explained the basis of the decision as follows:

We determined that your requested services are not medically necessary because the services do not meet either of the reasons checked below: (See Rule

...

Meet all of the following criteria for all extended state plan services used for the purposes of maintenance therapy and all other home and community-based services:

1. Be individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the patient’s needs;
2. Be reflective of the level of service that can be safely furnished, and for which no equally effective and more conservative or less costly treatment is available statewide; and

3. Be furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider;

and one of the following:

1. Enable the enrollee to maintain or regain functional capacity; or
2. Enable an enrollee receiving long-term services and supports to have access to the benefits of community living, to achieve person-centered goals, and live and work in the setting of their choice.

...

Other Authority

...

The facts that we used to make our decision are: The request for an extra 32 hours/week of Personal Care Services is denied as not medically needed. Based on the assessment, the member's currently approved services are adequate to meet the member's care needs. The member's present care plan includes:

- 5 hours/week of Personal Care Services
- 5 hours per week of Homemaker Services
- 7 meals/week of Home Delivered Meals

This decision was made with Sunshine Health Policy LT.UM.09 Long Term Care Ancillary Service Criteria.

...

RCE 1 at 4 – 5.

8. Petitioner requested a plan appeal and received a Notice of Plan Appeal Resolution ("NPAR"), dated July 18, 2023, upholding the denial of additional personal care services. *Id.* at 94 – 97. The NAPR states, in pertinent part:

On 06/21/2023 we received your timely plan appeal request about Sunshine Health's Notice of Adverse Benefit Determination dated 05/03/2023, Notice of Adverse Benefit Determination Number [REDACTED], denying the service to be provided to [Petitioner].

On 07/18/2023, after consideration of the information you provided to Sunshine Health in support of your plan appeal, Sunshine Health hereby denies your plan appeal. As a result, [Petitioner] will not receive the request for an additional 32 hours per week of Personal care Services, effective 07/18/2023.

The reason for our decision was based on medical necessity. On appeal the request for an extra 32 hours/week of Personal Care Services is denied as not medically

needy. Based on the assessment, the members currently approved services are adequate to meet the members care needs. The member's present care plan includes: 5 hours/week of Personal Care services and 5 hours/week of Homemaker Services and 7 meals/week of Home Delivered Meals. This decision was made with Sunshine Health Policy LT.UM.09 Long Term Care Ancillary Service Criteria. This decision was made by a Medical Director Board Certified Physician in Internal Medicine.

...

RCE 1 at 94.

9. On September 8, 2023, Petitioner requested a Fair Hearing to challenge the denial of additional personal care services. On September 22, 2023, the Hearing Officer issued an Order Scheduling Fair Hearing by Telephone and Prehearing Instructions, setting the hearing for October 20, 2023, at 9:00 a.m. EST.

10. Petitioner's adult [REDACTED], [REDACTED], testified as follows:

- a. Petitioner needs help and [REDACTED]. Petitioner [REDACTED] [REDACTED]. [REDACTED] works full time and cannot help with medication all the time.
- b. Petitioner went to [REDACTED] [REDACTED].
- c. [REDACTED] referred to notes from Armando Marull, M.D. See PCE 1 at 8. Dr. Marull wrote a prescription stating Petitioner "needs 6 hours more at home." *Id.* at 5.
- d. Petitioner lives [REDACTED] [REDACTED].
- e. Petitioner's home health aide is in the home from 8:00 a.m. to 10:00 a.m.
- f. [REDACTED] calls Petitioner every day and visits [REDACTED] every other day. [REDACTED] lives about ten (10) minutes away from Petitioner.

11. Dr. Carter is a LTC Medical Director for Sunshine Health. Dr. Carter testified as follows:

- a. Petitioner currently receives five (5) hours per week of personal care services and five (5) hours per week of homemaker services, plus seven (7) home delivered meals each week.
- b. Dr. Carter reviewed Petitioner’s medical conditions, ADLs, and IADLs.
- c. Dr. Carter reviewed the Sunshine Health Policy and Procedure LT.UM.09.
- d. Respondent believes that the denial of the additional thirty-two (32) hours of personal care services is appropriate based on Petitioner’s presently provided services in addition to the availability of Petitioner’s family member ([REDACTED]) in the community.

12. In making its determination, Respondent relied upon the Sunshine Health Policy and Procedure LT.UM.09, which states in pertinent part as follows:

PURPOSE:

To establish clinical criteria on which to review Sunshine Health Long Term Care (LTC) line of business ancillary services for members residing in a home and community based environment. The goal of the ancillary services is to provide these supportive services in the home to address the member’s cognitive and functional deficits, which may be a result of their medical conditions. The services will assist in maintaining the members in their home and community environment, in a safe manner, to avoid the risk for nursing home placement.

...

1. Determinants for Services

When considering the level of support the member requires and which of the ancillary services may support the member’s cognitive, functional, environmental, and social needs, several elements are to be considered. The review for the medical necessity of the ancillary services includes consideration of the member’s support needed due to ADL deficits, living situation, and supervision needs.

a) Activities of Daily Living (ADL’s)/Instrumental Activities of Daily Living (IADL’s)

- Independent where member is able to provide the task without support, with or without assistive devices
- Minimal functional impairment where the ADL’s require one of the following:

- Supervision
- At least minimum assistance
- Member ambulates with assistance of a person or a device
- Member transfers require at least minimum assistance

b) Living situation consideration

- Lives alone.
- Lives with family (with consideration of the number of days and hours that family members are not available to assist the member).
- Lives with non-family (with consideration of the number of days and hours that non- family members are not available to assist the member).

7. Personal Care Services

In accordance with Rule 59G-4.215, F.A.C., for member under the age of 21 years. To provide assistance with ADLs and IADLs, including assistance with preparing of meals, and housekeeping chores which are incidental to the care furnished or are essential to the health and welfare of the member. The scope and nature of these services do not otherwise differ from personal care services furnished to persons under the age of 21 years. A service that provides assistance with eating, bathing, dressing and personal hygiene, and other activities of daily living. The service includes assistance with preparation of meals, but does not include the cost of meals. The service may also include housekeeping tasks such as bed making, dusting and vacuuming, which are incidental to the care furnished or are essential to the health and welfare of the member. Personal care services include but may not be limited to the following:

- a. Assistance to the member to complete personal hygiene (bathing, grooming, mouth care, etc.)
- b. Assistance with bladder and bowel requirements that include assisting the member to and from the bathroom or with bedpan routines
- c. Assisting the member in following through with physician orders
The Personal Care provider cannot not administer any medications, but may bring medications to the member and remind the member to take the medicine at specific times
- d. Assisting with food, nutrition, and diet activities, including preparing meals, when required and other incidental services, (i.e. housekeeping chores) essential to the health and welfare of the member
- e. Performing household services (changing bed linen or arranging furniture), when such services are essential to the member's health and comfort.

...

CONCLUSIONS OF LAW

13. The Agency's Office of Fair Hearings has jurisdiction over the subject matter of this proceeding and the parties pursuant to Fla. Stat. § 409.285(2)(2019). This order is the final administrative decision of AHCA under Fla. Stat. § 409.285(2)(a).

14. This hearing was held as a *de novo* proceeding pursuant to Fla. Admin. Code R. 59G-1.100(17)(b).

15. Because Petitioner is requesting new services, Fla. Admin Code R. 59G-1.100(17)(g) assigns the burden of proof to Petitioner. The standard of proof in an administrative hearing is a preponderance of the evidence. The preponderance of the evidence standard requires proof by "the greater weight of the evidence" (Black's Law Dictionary at 1201, 7th Ed.).

16. The Statewide Medicaid Managed Care Long-term Care Program Coverage Policy (March 2017) ("LTC Policy"), incorporated by reference in Fla. Admin. Code R. 59G-4.192, governs Long-Term Care services available under Florida Medicaid. The LTC Policy provides the following with respect to personal care services:

1. Description and Program Goal

Under the Statewide Medicaid Managed Care Long-Term Care (LTC) program, managed care plans (LTC plans) are required to provide an array of home and community-based services that enable enrollees to live in the community and to avoid institutionalization.

...

1.3.1 Activities of Daily Living (ADLs)

ADLs include:

- Bathing
- Dressing
- Eating (oral feedings and fluid intake)
- Maintaining continence (examples include taking care of a catheter or colostomy bag or changing a disposable incontinence product when the recipient is unable to control bowel or bladder functions)
- Toileting

- Transferring

...

1.3.9 Instrumental Activities of Daily Living (IADLs)

When necessary for the recipient to function independently, including:

- Grocery shopping
- Laundry
- Light housework
- Meal preparation
- Money Management
- Personal hygiene
- Transportation
- Using the telephone to take care of essential tasks (examples include paying bills and setting up medical appointments)

...

4.1 General Criteria

Florida Medicaid LTC plans cover services that meet all of the following:

- Are determined medically necessary, as defined in this rule
- Do not duplicate another service
- Meet the criteria as specified in this policy

...

4.2.1.1 Adult Companion Care

The provision of non-medical care, supervision when necessary to protect the health, safety, and well-being of the enrollee, or social enrichment of a functionally impaired enrollee. This includes assistance or supervision with meal preparation, laundry, and light housekeeping tasks incidental to the care and supervision of the enrollee.

...

4.2.2.6 Personal Care

In accordance with Rule 59G-4.215, F.A.C., for enrollees under the age of 21 years. To provide assistance with ADLs and IADLs, including assistance with preparation of meals, and housekeeping chores which are incidental to the care furnished or are essential to the health and welfare of the enrollee. The scope and nature of these services do not otherwise differ from personal care services furnished to persons under the age of 21 years.

...

6.2 Specific Criteria

In order to receive LTC services, services must be documented on an individual plan of care based upon a comprehensive needs assessment. The comprehensive assessment includes the completion of the 701-B Comprehensive Assessment and the LTC Supplemental Assessment. [emphasis supplied]

LTC Policy at pages 1 – 8.

17. The LTC Policy also provides the following regarding medical necessity:

1.3.14 Medically Necessary or Medical Necessity

For the purposes of this policy, the service must meet either of the following criteria:

(a) Nursing facility services and mixed services must meet the medical necessity criteria defined in Rule 59G-1.010, F.A.C.

(b) All other LTC supportive services must meet all of the following:

- Be individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the patient's needs
- Be reflective of the level of service that can be safely furnished, and for which no equally effective and more conservative or less costly treatment is available statewide
- Be furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider

And, one of the following:

- Enable the enrollee to maintain or regain functional capacity; or
- Enable the enrollee to have access to the benefits of community living, to achieve person-centered goals, and to live and work in the setting of his or her choice.

LTC Policy at pages 2 – 3.

18. The Florida Medicaid Definitions Policy (August 2017) ("Definitions Policy"), incorporated by reference in Fla. Admin. Code R. 59G-1.010, defines "Medically Necessary" or "Medical Necessity" as follows:

The medical or allied care, goods, or services furnished or ordered must meet the following conditions:

- Be necessary to protect life, to prevent significant illness or significant disability, or to alleviate pain
- Be individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the patient's needs
- Be consistent with generally accepted professional medical standards as determined by the Medicaid program, and not experimental or investigational

- Be reflective of the level of service that can be safely furnished, and for which no equally effective and more conservative or less costly treatment is available statewide
- Be furnished in a manner not primarily intended for the convenience of the recipient, the recipient’s caretaker, or the provider

The fact that a provider has prescribed, recommended, or approved medical or allied care, goods, or services does not, in itself, make such care, goods or services medically necessary or a medical necessity or a covered service.

Definitions Policy at page 7.

19. Appendix 9.1 of the Personal Care Services Coverage Policy (“PCS Policy”), which is incorporated by reference in Rule 59G-4.215, F.A.C., provides guidance concerning general time allowances for personal care tasks as follows:

Personal Care Task	General Time Allowances
Bathing	
Full-body Bath: Tub, shower or sponge/bed bath.	Up to 30 minutes. May rotate with partial bath based on recipient’s needs
Partial Bath: A sponge bath includes, at a minimum, bathing of the face, hands, and perineum.	15–20 minutes per partial bath
Dressing	
Laying out clothing, handing and retrieving clothing, putting clothes on and taking them off, including handling fasteners, zippers, and buttons.	15 minutes
Application of prosthetic devices or application of therapeutic stockings.	May add 15 minutes for applying hose and/or Prosthesis
Grooming and Skin Care	

Brushing teeth, denture care, shaving, washing and drying face and hands. Applying lotion to non-broken skin.	15–30 minutes
Shampoo and comb hair, basic hair care, basic nail care.	15 minutes
Positioning	
Moving recipient to and from a lying position, turning side to side, and positioning recipient in bed.	10 minutes/every 2 hours when medically indicated
Transfers	
Moving recipient into and out of a bed, chair, or wheelchair. May include the use of assistive devices.	15 minutes/every 2 hours when medically indicated
Toileting and Maintaining Continence	
Includes transfer on or off the toilet, bedside commode, urinal, or bedpan. Includes cleaning the perineum and cleaning after an incontinent episode. Includes taking care of a catheter or colostomy bag or changing a disposable incontinence product.	15–45 minutes
Eating	
Taking in food by any method. Extra time may be allowed for preparing a special diet.	30 minutes per meal
Delegated Medical Monitoring and Activities	
Non-skilled medical tasks that are delegated to the aide by the RN, in accordance with Florida laws and practice acts. The tasks include, but are not limited to, assisting recipient with pre-poured medications, monitoring vital signs, and measurement of intake/output.	15–30 minutes day for all monitoring tasks performed

PC Policy at 10.

20. Petitioner requested an additional thirty-two (32) hours per week of personal care services. *See supra* ¶ 7. The personal care services were denied based on medical necessity. *See supra* ¶ 7, 8. Respondent explained that Petitioner’s request was not medically necessary based on the information provided but did not specify which of the five medical necessity criteria Petitioner’s request failed to meet. *Id.*

21. Section 4.1 of the LTC Policy provides that Florida Medicaid LTC plans cover services that: (a) are determined medically necessary, as defined in the LTC Policy; (b) do not duplicate another service; and (c) meet the criteria as specified in the LTC Policy. *See supra* ¶ 17. Further, in order to receive LTC services, services must be documented on an individual plan of care based upon a comprehensive needs assessment. *Id.* The comprehensive assessment includes the completion of the 701-B Comprehensive Assessment and the LTC Supplemental Assessment. *Id.*

22. The evidence presented reflects that Respondent’s denial of thirty-two (32) hours per week of personal care services is warranted under the circumstances of this case. As provided in the LTC Policy, personal care is to provide “assistance with ADLs and IADLs, including assistance with preparation of meals, and housekeeping chores which are incidental to the care furnished or are essential to the health and welfare of the enrollee.” *See supra* ¶ 13, 17. The record reflects that Petitioner lives alone in a private residence. *See supra* ¶ 2, 10. With regard to ADLs, Petitioner needs assistance (but not total help) with [REDACTED] and [REDACTED]; uses an assistive device with [REDACTED], [REDACTED], and [REDACTED]; and needs no assistance with [REDACTED]. *See supra* ¶ 4. The 701B Assessment states that Petitioner always has assistance with all of [REDACTED] ADLs. *See supra* ¶ 4. Regarding IADLs, Petitioner needs total assistance (cannot do at all)

with [REDACTED] and [REDACTED]; needs assistance (but not total help) with [REDACTED], [REDACTED], [REDACTED], and [REDACTED]; and uses an assistive device with [REDACTED] and [REDACTED]. See supra ¶ 5. The 701B Assessment states that Petitioner always has assistance with all of [REDACTED] IADLs. See supra ¶ 5. Petitioner is currently approved for five (5) hours per week of personal care services and five (5) hours per week of homemaker services, plus seven (7) home delivered meals each week. See supra ¶ 11(a).

23. The PCS Policy, which is incorporated by reference in Fla. Admin. Code R. 59G-4.215, provides general guidance concerning the time allotted for personal care tasks. See supra ¶ 20.

[REDACTED] testified that Petitioner needs more hours of care because Petitioner [REDACTED], [REDACTED], and because [REDACTED] works full time and cannot help with medication all the time. See supra ¶ 10. However, neither Petitioner nor [REDACTED] provided any time estimates for each ADL or IADL to explain the amount of time Petitioner needs for [REDACTED] ADLs or IADLs. Allotting thirty (30) minutes of time for each of Petitioner's ADLs ([REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED], and [REDACTED]) and taking into account Petitioner's medical conditions, the current five (5) hours of personal care services appear to be reasonable. Petitioner also has five (5) hours of homemaker services per week, which closely align with the documented IADL tasks that Petitioner needs assistance with. Dr. Carter provided credible and persuasive testimony that the approved services are adequate to meet Petitioner's needs. See supra ¶ 11. Petitioner failed to establish that there is a gap in services regarding [REDACTED] ADLs and IADLs that would warrant additional services. Therefore, the record does not reflect that the requested services are not "in excess" of Petitioner's needs.

24. [REDACTED] testified that Petitioner needs someone with [REDACTED]. See supra ¶ 10. The request for additional personal care hours for the purposes of supervision corresponds more with adult companion care services, which are defined as the “provision of non-medical care, supervision when necessary to protect the health, safety, and well-being of the enrollee, or social enrichment of a functionally impaired enrollee.” See supra ¶ 17.

25. [REDACTED] also testified that [REDACTED] works full time and cannot help with medication all the time. See supra ¶ 10. However, services must be furnished in a manner not primarily intended for the convenience of the recipient or recipient’s caretaker. See supra ¶ 7, 18, and 19.


26. [REDACTED] referred to a prescription from Petitioner’s doctor, stating that Petitioner needs six (6) hours more at home. See supra ¶ 10. The doctor’s prescription did not specify what LTC services or mix of services would be appropriate. Moreover, “the fact that a provider has prescribed, recommended, or approved medical or allied care, goods, or services does not, in itself, make such care, goods or services medically necessary or a medical necessity or a covered service.” See supra ¶ 19.

27. Therefore, upon consideration of the testimony provided, Petitioner’s Composite Exhibit 1, Respondent’s Composite Exhibit 1, and the applicable laws and policies, the undersigned concludes that Petitioner did not prove by a preponderance of the evidence that Respondent’s denial of thirty-two (32) hours per week of personal care services was incorrect.

DECISION

Respondent’s denial of thirty-two (32) hours per week of personal care services is **AFFIRMED**. Petitioner’s appeal based on Respondent’s denial in this matter is **DENIED**.

DONE AND ORDERED this 20th day of December, 2023 in Tallahassee, Leon County,
Florida.


Kameisha Presley
23-FH2250
2023.12.20
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KAMEISHA PRESLEY, Hearing Officer
Agency for Health Care Administration
Office of Fair Hearings
2727 Mahan Drive, Mail Stop # 11
Tallahassee, FL 32308-5407

NOTICE OF A RIGHT TO JUDICIAL REVIEW

A PARTY WHO IS ADVERSELY AFFECTED BY THIS FINAL ORDER IS ENTITLED TO JUDICIAL REVIEW, WHICH SHALL BE INSTITUTED BY FILING THE ORIGINAL NOTICE OF APPEAL WITH THE AGENCY CLERK OF AHCA, AND A COPY, ALONG WITH THE FILING FEE PRESCRIBED BY LAW, WITH THE DISTRICT COURT OF APPEAL IN THE APPELLATE DISTRICT WHERE THE AGENCY MAINTAINS ITS HEADQUARTERS OR WHERE A PARTY RESIDES. REVIEW PROCEEDINGS SHALL BE CONDUCTED IN ACCORDANCE WITH THE FLORIDA APPELLATE RULES. THE NOTICE OF APPEAL MUST BE FILED WITHIN 30 DAYS OF THE RENDITION OF THE ORDER TO BE REVIEWED.

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Sunshine State Health Plan, Inc.
SunshineHealth_MFH@centene.com

AHCA Medicaid Hearing Unit
MedicaidHearingUnit@ahca.myflorida.com